PATENT APPLICATION EÉ DETERMINATION RECORD

Effective December 8, 2004

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•	Application or Docket Number
1	A Third of Decket Humber
/	111 FUNDO
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Г		CL AIMS	AC EU ED								1110	
CLAIMS AS FILED - PART I								SMALL EN	TITY	0.0	OTHER	
111	S NATIONAL	STAGE FEES	(Colum	in 1)	т—	(Column 2)	1 -			OR ¬	SMALL	ENTITY
┢		STAGE FEES						RATE	FEE		RATE	FEE
BA:	SIC FEE		SMALL ENT		LARGE ENT. = \$ 300		E	BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT A (4) = \$ 50	/\$ 100	1	ther situations = 100 / \$ 200	٤	XAM. FEE		1	EXAM. FEE	200
SE/	ARCH FEE		U.S. is ISA = \$ ALL other co \$ 200 / \$	untries =		ther situations = \$250 / \$500	s	EARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			min	us 100 =		/ 50 =		X \$ 125 =		1	X \$ 250 =	//
TOT	TAL CHARGEA	BLE CLAIMS	18 mi	nus 20 =	•			X \$ 25 =		OR	X \$ 50 =	
IND	EPENDENT CL	AIMS	2 m	ninus 3 =	*			X \$ 100 =		OR	X \$ 200 =	
_		DENT CLAIM PR						+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	900
		CLAIMS AS	AMENDED	DADI				-				
		(Column 1)	AMICHUCU			(0.1 -		SMALL ENTITY			OTHER THAN	
		CLAIMS		(Colun		(Column 3)	_	SWALLE	INITIT	OR •	SMALLE	NTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	7	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
							TO	OTAL ADDIT. FEE		OR	TOTAL ADDIT.	
		•	•					, , , ,		J	FEE	
		(Column 1)		(Colum		(Column 3)	_					
NT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDME	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	*	Minus	***		=	 	(\$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	· \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT.											TOTAL ADDIT.	
FEE OR TOTAL ADDIT.												
	if the "Highest Nu	mn 1 is less than the mber Previously Pak	1 For IN THIS SP.	ACE is lose	than 500							.
.,	if the "Highest Nui	mber Previously Paid ber Previously Paid	For" IN THIS SPA	ACF is loss	than '3'	ontor "3"	the ap	opropriate box i	n column 1.			